



INDEPENDENT AGENCY FOR  
ACCREDITATION AND RATING

# **STANDARDS**

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**OF SPECIALIZED ACCREDITATION OF  
HIGHER EDUCATION AGENCIES  
EDUCATION PROGRAM BY  
5B110400 – “Medical and preventative care”  
5B110200 – “Public Health Care”  
SPECIALTY**

Astana 2014



Independent agency for  
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**EDUCATION PROGRAM BY  
5B110400 – “Medical and preventative care”,  
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SPECIALTY**

**GENERAL PROVISIONS**

**Astana 2014**

## **Foreword**

**1 DEVELOPED AND INTRODUCED** by the Non-Profit Institution "Independent Agency For Accreditation and Rating."

**2 APPROVED AND PUT INTO EFFECT** by the order of the Director of the Non-Profit Institution "Independent Agency for Accreditation and Rating" as of June 12, 2014 no. 23-14-OD (as amended and supplemented by the Order of the Director as of February 15, 2017 no. 8-17-OD).

**3** This Standard implements provisions of the Law of the Republic of Kazakhstan "On Education" as of July 27, 2007 no. 319-III.

**4 INITIALLY INTRODUCED**

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Standards are developed taking into consideration the recommendations of the Ministry of Health and Ministry of Education and Sciences of the Republic of Kazakhstan.

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## **STANDARDS**

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### **Standards of the specialized accreditation of the educational programs on the specialties 5B110400 – “Medical and preventative care”, 5B110200 – “Public health”**

#### **Main provisions**

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##### **Applicable scope**

This standard determines the statutory requirements to the main provisions of standards of the specialized accreditation of the educational program on the specialties 5B110400 – “Medical and preventative care”, 5B110200 – “Public health”.

This standard is used during the accreditation procedure of educational program on the specialties 5B110400 – “Medical and preventative care”, 5B110200 – “Public health” of medical organization regardless of their status, legal corporate form, institutional subordination and form of ownership.

This standard may also be used by:

- a) medical organizations of education for internal evaluation and external assessment of educational program;
- b) to develop correspondent internal regulatory documents.

##### **Regulatory References**

This standard contains references to the following regulatory documents:

1.1 The Code of the Republic of Kazakhstan "On public health and health care system" dated on September 18, 2009 No 193-IV.

1.2 The Law of the Republic of Kazakhstan "On Technical Regulation" as of November 9, 2004 no. 603.

1.3 The Law of the Republic of Kazakhstan "On Education" as of June 27, 2007 no. 319-III.

1.4 The Law of the Republic of Kazakhstan "On accreditation of the conformity assessment" as of July 5, 2008 no. 61-IV.

1.5 Decree of the President of Kazakhstan as of March 1, 2016 no. 205 “On approval of the State Program on the Development of Education and Science of the Republic of Kazakhstan for 2016-2019”.

1.6 The State program of development of health care of the Republic of Kazakhstan of "Densaulyk" for 2016 - 2019, approved by the Presidential Decree of the Republic of Kazakhstan of January 15, 2016 No. 176

1.7 Governmental decree of the Republic of Kazakhstan as of August 23, 2012 no. 1080 "On approval of the state compulsory standards of education of the correspondent levels of education."

1.8 Order of the Minister of Education and Science of the Republic of Kazakhstan as of April 20, 2011 no. 152 "On approval of the Rules for organization of the educational process based on the credit technology of learning."

1.9 Order of the Minister of Education and Science on November 1, 2016 no. 629 "On approval of Recognition rules of the accreditation bodies, including foreign, and the formation of the register of recognized accreditation bodies, accredited educational organizations and educational programs."

1.10 Specialized accreditation standards (educational programs) of higher education institutions. Basic provisions (Order of the Director of the NPO "Independent Agency for Accreditation and Rating" as of April 26, 2012 № 08-OD.

## **Terms and Definitions**

This standard applies the terms and definitions in accordance with the Laws of the Republic of Kazakhstan "On Education" as of July 27, 2017 no. 319-III, the Republic of Kazakhstan Governmental Decree as of August 23, 2012 no. 1080 "On approval of the state compulsory standards of education of the correspondent levels of education"; International standards of the World Federation of Medical Education to improve the quality of basic medical education (WFME, University of Copenhagen, 2012), and determines the following terms and definitions in the correspondent Standards:

**3.1 Accreditation of educational organizations** - the recognition procedure of accreditation bodies of the compliance of educational services to the established accreditation standards in order to provide objective information about their quality and to confirm the availability of effective mechanisms for quality increase.

**3.2 Accreditation bodies** - legal entities that develop standards (regulations) and accredit educational organizations based on the developed standards (regulations);

**3.3 Institutional accreditation** - the quality evaluation process of the educational organization by the accreditation body for the compliance of the former to the stated status and standards established by accreditation body.

**3.4 International accreditation** - the process of evaluating the quality of activities by educational organizations (institutional accreditation) and individual educational programs (specialized accreditation) for compliance with the standards of quality assurance, conducted by the national or foreign accreditation body, entered in the Register 1;

**3.5 National Accreditation** - the process of evaluating the quality of activities by educational organizations (institutional accreditation) and individual educational programs (specialized accreditation) for compliance with the standards of quality assurance, conducted by the national accreditation body, entered in the Register 1;

**3.6 Specialized Accreditation** - quality assessment of individual educational programs implemented by the organization of education;

**3.7 Standards (regulations) of accreditation** - documents of accrediting body, establishing requirements to the accreditation procedure.

**3.8 SWOT-analysis** - analysis of strengths and weaknesses, challenges and opportunities of organization, the abbreviation of the English language words:

S – strengths

W – weaknesses

O – opportunities

T - threats.

#### **4. Designations and abbreviations**

This standard uses abbreviations in accordance with the paragraph 2 of the regulatory documents.

Furthermore, this standard uses the following designations and abbreviations:

- **HEI** – Higher Educational Institution;
- **MOH** - Ministry of Health of the Republic of Kazakhstan;
- **MES** - Ministry of Education and Science of the Republic of Kazakhstan;
- **CPD** – Continuous professional development;
- **CME** – Continuous medical education;
- **OSCE** - Objective Structured Clinical Examination
- **TS** – Teaching staff;
- **MM** – Mass-media;
- **SCES** – State Compulsory Educational Standard;
- **EEP** – External Expert Panel.

#### **5. Main Provisions**

5.1 Specialized accreditation is performed based on this standard of “Standards of specialized accreditation”, Standard of “Specialized Accreditation” Main Provisions; Standard of “Mission, Model and Outcomes of Educational Program”; Standard of “Student Evaluation”; Standard of “Students”; Standard of “Academic Staff/Teachers”; Standard of “Educational Resources”; Standard of “Evaluation of Educational Program”; Standard of “Management and Administration”.

5.2 Standards of specialized accreditation of medical educational organizations were developed based on International Standards of the World Federation for Medical Education on improvement of basic medical education with introduction of national peculiarities of health and medical education systems, and they were developed in accordance with the recommendations of international consultants within implementation of C Component “Reform of medical education and science” of the Project “Transfer of Technologies and Implementation of Institutional Reform in Health Sector of the Republic of Kazakhstan”, amendments introduced by the World Federation for Medical Education to the International

Standards on improvement of qualitative basic medical education (2012)

5.3 There are following forms of accreditation:

5.3.1. by structure:

5.3.1.1 institutional accreditation;

5.3.1.2 specialized accreditation;

5.3.2 by territorial recognition:

5.3.2.1 national accreditation;

5.3.2.2 international accreditation.

5.4 Decision on accreditation to be made by Accreditation Council

5.5 The Accreditation Council consists of representatives of MES RK, MHSD RK, medical organizations, academic organizations, institutions of the state public sanitation and epidemiological services, professional associations, employees, community, students and international experts.

## **6. Main objectives of specialized accreditation standards implementation**

Quality assessment in education programs is a basis of accreditation standards and incorporates the objectives:

6.1 Major objectives of designated accreditation standards implementation are:

6.1.1 implementation of accreditation model, harmonizable with international practice of education quality assurance;

6.1.2 assessment of professional and education programs quality for improving competitiveness of the national system of higher education;

6.1.3 encouragement of quality culture evolution in the higher educational institutions, medical educational institutions, scientific organizations;

6.1.4 assistance to improvement and continuous upgrading of education programs of medical educational organizations in compliance with the requirements of rapidly changing environment;

6.1.5 consideration and protection of public interests and consumer rights by provision of authentic information on the quality of education programs;

6.1.6 use of innovations and scientific investigations;

6.1.7 public announcement and distribution of information on accreditation results for education program by “Medical and preventative care”, “Public Health Care”, specialization of the medical education institutions.

6.1.8 In addition to above mentioned the accreditation standards for dental education programs are designed for accomplishment of the following goals:

- Protection of social well-being and health of communities;
- Assistance to development of education environment conducive to innovations and permanent improvement;
- Ensuring of institutional accompaniment and guidance for education programs development;
- Provision the confidence to the students in that education program will attain the desired goals.



## **7. Principles of specialized accreditation standards establishing**

7.1 Presented standards for quality assurance for education programs of higher vocational education are based on the following principles:

7.1.1 voluntariness – procedure of education programs accreditation is performed on a voluntary basis;

7.1.2 honesty and transparency – internal and external assessment are performed maximally honestly and transparently, information accessibility for all participants of performed accreditation process;

7.1.3 objectivity and independence – internal and external assessment are performed reasonably, independent from the third parties (government agencies, HEI administration and public opinion) and obtained results;

7.1.4 responsibility of medical educational organizations – primary responsibility for higher education quality is attached to medical educational organizations

7.1.5 confidentiality – information submitted by HEI is applied by the accreditation agency confidentially;

7.2 External assessment is performed independently from the third parties (government agencies, medical educational organizations and public organizations).

7.3 Public information countrywide and abroad on accredited education programs is performed in mass media, incl. provision of information on web-site of accreditation agency.

## **8. Stages and procedures of specialized accreditation performance**

8.1 The procedure for the specialized accreditation begins with the filing of the medical educational institution of an application for the specialized accreditation. The application includes a copy of the state license, the annex to the license for the legal grounds of educational activity, a brief description of the correspondent educational institution's activity.

8.2 Consideration by IAAR of the application submitted by educational organization.

8.3 IAAR decision to start the procedure for the specialized accreditation. An agreement between the agency and the medical educational organization to conduct the specialized accreditation is concluded.

8.4 Management the medical educational organization and IAAR organize training for internal experts to explain the criteria and procedures for the specialized accreditation of organization at the special seminars on the theory, methodology and techniques of the specialized accreditation.

8.5 Medical organizations of education conduct self-assessment according to the requirements established by IAAR, and submit self-assessment report (in Kazakh, Russian and English languages) to IAAR in e-format and 1 copy on paper in each of the languages.

8.6 On the basis of self-assessment report of educational organization IAAR has the right to make the following decisions:

- to develop recommendations on the need to refine materials of self assessment report;
- to conduct an external peer review;
- to postpone the accreditation term due to the inability to conduct the specialized accreditation procedure due to the inconsistency of the self-assessment report to the criteria of these standards.

8.7 In the event accreditation continues IAAR generates external expert panel, which shall be approved by the IAAR director to assess the educational organization. The number of experts is determined depending on the review volume and quantity of educational programs. The structure of the external expert panel includes representatives of the academic community, stakeholders in Kazakhstan, including employers, students, and foreign / international experts.

8.8 In the event accreditation continues IAAR agrees with the medical educational organization on the dates for the specialized accreditation and program for the external expert panel's visit.

8.9 The duration of the external expert panel's visit accounts for 3-5 days. During the visit, the organization of education creates working conditions for the external expert panel under the Service Agreement:

- provides for each member of the Panel an electronic and paper version of the self-assessment report;
- provides the necessary office equipment in consultation with the IAAR representative and based on the number of external expert panel members;
- organizes the inspection of infrastructure and resources, meetings, questionnaires, interviews and other forms of external expert panel's work in accordance with the visit program of the external expert panel;
- provides information requested;
- organizes photo and video recording of the external expert panel's work;
- prepares a video clip for the IAAR Accreditation council meeting containing a brief description of the educational organization and information on the external expert panel visit.

8.10 At the end of the visit external expert panel is preparing a report on the evaluation of medical organization of education and a presentation on the progress of the visit of the external expert panel.

8.11 The report contains a description of the external expert panel's visit, a brief assessment of the educational organization, recommendations to the organization for performance improvement and quality assurance, the recommendation to the Accreditation Council. Recommendations to the Accreditation Council provide information on the status of the educational organization and recommended accreditation period.

8.12 The report of the external expert panel, including the recommendations is prepared by members of the external expert panel collectively.

8.13 The external expert panel's report on the evaluation of educational organization and the self-assessment report of educational organization serve as the basis for the Accreditation Council's decision on the specialized accreditation.

8.14 The Chairman of the external expert panel presents to the Accreditation Council outcomes of the external expert panel's visit. If there are objective reasons IAAR director appoints a member of the external expert panel to attend a meeting of Accreditation Council and present a report. Replacement of the Chairman of external expert panel is made by the order of IAAR Director.

8.15 The exclusive competence of the IAAR Accreditation Council includes decision-making on accreditation or refusal of accreditation of educational organization. The composition of the Accreditation Council is determined in accordance with the Regulations of its activities. The meeting is held if a quorum is present. Accreditation Council shall have the right to make a grounded decision not complaint with the recommendations of the external expert panel.

Accreditation Council makes decision:

- on accreditation:

- 1 year - in the event of compliance with the criteria as a whole, but with some shortcomings and opportunities for improvement;
- 3 years - with positive results in general, but with some minor shortcomings and opportunities for improvement;
- 5 years - with positive results in general.

- on non-accreditation.

On expiry of the accreditation period of **5 years** and successful completion of the post accreditation monitoring the educational organization shall be entitled to apply for a re-accreditation. In the case of re-accreditation and its positive results, the organization of education has the right to apply for the period of **7 years**.

8.16 In the event of positive decision on accreditation the Accreditation Council of IAAR sends an official letter to the education organization with the results of the accreditation and a certificate of the specialized accreditation of the educational program, signed by the IAAR Director. The decision on accreditation of educational organization the Agency sends to the MES for inclusion in the Register of accredited educational institutions (Register 3) and publishes the information on the IAAR website. The report of external expert panel is also published on the website.

After receiving the certificate of accreditation the educational organization publishes a self-assessment report on its website.

8.17 In the event of the Accreditation Council's negative decision on accreditation the IAAR sends a letter to the organization of education indicating the adopted decision.

8.18 The organization of education in the prescribed manner under the Service Agreement and the Regulations of the Commission on Appeals and complaints may send to IAAR an appeal against the decision of the Accreditation Council. In case of doubts in the competence of the external expert panel and representatives of the Agency, or gross violations committed by members of the external expert panel, the organization of education may file a complaint to IAAR.

## 9. Follow-up procedures

9.1 In the event of positive accreditation decision of the IAAR Accreditation Council, the educational organization submits to IAAR an Action Plan on the quality improvement within the framework of the external expert panel recommendations (hereinafter - the Plan), which is signed and sealed by the chief executive officer, an organization enters into a Service Agreement with IAAR. An agreement and Plan are the basis for the post accreditation monitoring.

9.2 In accordance with the Regulations on the post accreditation monitoring procedure of educational organizations / educational programs, accredited education institutions should prepare interim reports under the Plan. Interim reports are sent to the IAAR before the expected date of post accreditation monitoring.

9.3 Post accreditation monitoring of medical institutions of education is conducted as follows:

Duration of the accreditation term	3 years	5 years	7 years
Periodicity of interim reports	One time in 1,5 years	two times in two years	three times in two years
Visit	once	twice	3 times

9.4 In the event of failure to implement the Plan and the requirements put forward by the IAAR in relation to the medical college, as well as lack of awareness of the changes carried out in the educational organization the Accreditation Council shall have the right to adopt the following decisions:

- to temporarily suspend the effectiveness of the specialized accreditation of the educational program;

- to revoke accreditation of the educational organization by excluding it from the Registry 3, which may result in the cancellation of all earlier achieved results of accreditation.

9.5 In the event of waiver of the educational organization from the post accreditation monitoring through the failure to sign the Service Agreement with IAAR, under the paragraph 9.4 IAAR Accreditation Council may decide to terminate and withdraw accreditation status.

9.6 In the event of early termination and withdrawal of accreditation the educational organizations are not allowed to submit an application for accreditation to IAAR within one year after the decision to revoke the accreditation of educational organization.

## 10. Procedure for introduction of amendments and additions to designated accreditation standards

10.1 Amendments and additions are introduced to the current accreditation standard for the purpose of further improvement thereof.

10.2 Introduction of amendments and additions to the standard is performed by Independent agency for accreditation and rating.

10.3 In case of initiating of amendments and additions to current standard by educational organizations and other interested organizations the suggestions and remarks are to be sent by them to the Independent agency for accreditation and rating.

10.4 Independent Agency for Accreditation and Rating studies and carries out examination of suggestions and remarks obtained from initiators with respect to justification and expediency.

10.5 Amendments and additions to the current accreditation standard after acceptance thereof are approved by the Order of the Independent Agency for Accreditation and Rating Director redrafted as amended or in the form of brochure-insert to the effective standard.

## **STANDARD 1 MISSION, MODEL AND OUTCOMES OF EDUCATIONAL PROGRAM**

### **1.1 Determination of mission**

1.1.1 Mission and objectives of a medical educational organization **must** be clearly defined and confirm with existing resources and capacities of a medical educational organization, and market demands.

1.1.2 Mission Statement **must** include objectives and educational strategy, which allows training competent specialist at the level of pre-graduate medical education.

1.1.3 Strategic plan for development of educational program **must** confirm with the stated mission, objectives of medical educational organization, and must be approved at consultative and advisory council of a faculty/HEI.

1.1.4 Medical educational organization **must**:

- bring mission of educational program to attention of concerned parties, health sector, institutions of the state public sanitation and epidemiological services and respective services of medical executive agencies;

- ensure public access to information on mission and objectives of medical education organization (availability of information in MM and/or on web-site of HEI).

1.1.5 Training outcomes on educational program **must** include issues of sanitary and epidemiological welfare of the population, public health, hygienic rating and expertise, environmental issues and other aspects of social responsibility.

1.1.6 Medical educational organization **must** ensure that major parties interested in educational program participate to mission development.

1.1.7 Medical educational organization **must** ensure that mission stated is based on opinions/proposals of other respective interested parties.

1.1.8 Medical educational organization **shall** address renewal process to adaptation of mission provision and outcomes to academic, socio-economic and cultural development of the society.

## **1.2 Institutional Autonomy and Academic Freedom**

1.2.1 Medical educational organization **must** have institutional autonomy in respect of:

- development of educational program
- use of dedicated resources, necessary for implementation of educational program.

1.2.2 Medical educational organization **shall** ensure academic freedom for its employees and students:

- in respect of applicable educational program, which will permit to rely on different point of views in description and analysis of issues of sanitary and epidemiological welfare and environmental issues;
- in opportunity to use finding of new researches to improve studying of certain disciplines/issues without permission of educational program.

## **1.3 Model of Educational Program**

1.3.1 Medical educational organization **must** define a model of educational program, based on disciplines and/or an integrated model, designed for solution of system and problem tasks to implement sanitary and epidemiological supervision.

1.3.2 Medical educational organization **must** define teaching and learning methods to be applied.

1.3.3 Medical educational organization **must** ensure that educational program develops lifelong learning capabilities of students.

1.3.4 Medical educational organization **must** ensure that educational program is implemented in accordance with principles of equality.

1.3.5 Medical educational organization **shall** use educational program and teaching and learning methods, based on advanced teaching principles, which facilitate, prepare and support students and ensure promote students' responsibility for learning process.

1.3.6 Throughout the educational program, medical educational organization **shall** teach students:

- principles of scientific methodology, including methods analytical and critical thinking;
- scientific methods of inquiry;
- evidence based medicine.

1.3.7 Medical educational organization **shall** include elements of in educational program элементы fundamental and/or applied researches.

## **1.4 General Sciences, Medical Ethics and Jurisprudence**

1.4.1 Medical educational organization **must** define and include in its educational program achievements of behavioral and social sciences, medical ethics and jurisprudence in order to ensure holistic development of a modern intelligent and properly developed person.

In its educational program, medical educational organization **shall** adjust and introduce new achievements of general sciences for:

- 1.4.2 scientific, technological, medical and preventative developments;
- 1.4.3 current and expected needs of society and health care system;
- 1.4.4 conformance with varying demographic and cultural conditions.

### **1.5 Basic Biomedical Sciences**

Medical educational organization **must** define and include in its educational program achievements of basic biomedical sciences to promote students’:

1.5.1 understanding of fundamental principles of scientific theories and methods;

1.5.2 ability to apply them in practical activities.

In its educational program, medical educational organization **shall** adjust and introduce new achievements of biomedical sciences for:

1.5.3 scientific, technological, medical and preventative developments;

1.5.4 current and expected needs of society and health care system.

1.5.5 Medical educational organization **must** define a certain amount of time for teaching basic biomedical disciplines, which include medical biology, genetics, radiation biology; biochemistry, anatomy, physiology, histology, pathologic physiology and anatomy, pharmacology, microbiology (including clinical and sanitary), common and radiation hygiene, infectious and occupational diseases, communication skills, introduction into clinical medicine, biostatistics, fundamentals of evidence based medicine, principles of marketing and management, public health and health care, epidemiology (with fundamentals of disinfection).

### **1.6 Major Sciences and Skills**

Medical educational organization **must** define and introduce into its educational program achievements of major sciences and ensure that students:

1.6.1 acquire knowledge and professional skills sufficient to make managerial decisions in course of sanitary and hygienic supervision, investigation and evaluation of sanitary and epidemiological welfare of objects in environment and professional activities;

1.6.2 promote healthy lifestyle among the population

1.6.3 Medical educational organization **must** define a certain amount of time for teaching basic major disciplines, including environmental sanitation, food hygiene, pediatric hygiene and workplace hygiene.

1.6.4 Medical educational organization **shall** structure different components of teaching practical skills in accordance with a concrete stage of educational program.

### **1.7 Structure of educational program, its content and duration**

1.7.1 Medical educational organization **must** give a description of content, scope and sequence of courses and other elements of educational program, in order to ensure maintain proper proportion between basic biomedical, behavioral, social and major disciplines.

1.7.2 Medical educational organization **shall** in its educational program:

- ensure horizontal integration of related sciences and disciplines
- ensure vertical integration of major sciences with basic biomedical, behavioral and social sciences

- provide opportunity for elective content (elective courses) and define balance between mandatory and elective parts of educational program, which includes combination of mandatory elements and elective courses or special

optional components.

### **1.8 Outcomes**

Medical educational organization **must** define expectable outcomes of training, which students shall demonstrate upon graduation, in respect of:

1.8.1 their achievements at the basic level in respect of knowledge, skills and attitude to carry out following types of activities: sanitary and hygienic, anti-epidemic, supervisory and regulatory, organizational and managerial, informational and analytical, accounting and statistical, as well as research and development, pedagogical and educative;

1.8.2 proper basis for further career in institutions of State Sanitary and Epidemiological Services and respective services of medicine bodies of исполнительной власти;

1.8.3 their further roles in the sector of health care, education and science;

1.8.4 their further post-graduate training;

1.8.5 their obligations towards life-long learning.

1.8.6 Medical educational organization **must** ensure that students perform their obligations towards teachers, doctors, specialists of State Sanitary and Epidemiological Services, preschool institutions, education institutions, health care centers, industrial and agricultural enterprises, specialists of other respective services of medical executive agencies in accordance with Code of Conduct/Honor.

1.8.7 Medical educational organization **shall**:

- define and coordinate linkage of learning outcomes, required after completion of educational program, with those, which are required in post-graduate learning;

- define results of student engagement in researches in health care sector.

1.8.8 Medical educational organization **must** direct process for continuous improvement on the following issues:

- modification of learning outcomes in accordance with documented requirements of post-graduate learning environment, including clinical skills, training in issues of public health and participation in the process of delivery of health care to patients according to obligations, charged upon university graduates;

- adaptation of educational program and methodological approaches in order to ensure that they are proper and appropriate and take account of modern theories in education, methodology of adult education and the principles of active learning;

- adjustment of elements of educational program and their interrelation in accordance with achievements in biomedical, behavioral, social and clinical sciences, with changes in demographic conditions and health conditions/disease distribution of population and socio-economic and cultural conditions, and the adjustment process will provide for introduction of new knowledge, concepts and methods, and exclusion of those old.



## STANDARD 2. STUDENT EVALUATION

### 2.1 Evaluation methods

Medical educational organization **must**:

2.1.1 define, approve and publish principles, methods and practice, used for student evaluation, which include quantity of examinations and other tests, maintenance of balance between written and oral examinations, application of evaluation methods, based on criteria and reasoning, and special examinations (in the form of OSPE – objective structured practical examination), and define criteria for minimal passing grades/marks and number of allowable repeating tests/examinations;

2.1.2 ensure that evaluation covers knowledge, skills and attitudes;

2.1.3 use a wide range of methods and forms of evaluations, which includes combination of validity, reliability, impact on education, eligibility and efficiency;

2.1.4 ensure that methods and outcomes of education and evaluation results exclude conflict of interest;

2.1.5 ensure that process and methods of evaluation are open (accessible) for expertise on the part of exterior experts.

Medical educational organization **shall**:

2.1.6 document and evaluate reliability and validity of evaluation methods, which requires respective procedure for quality assurance;

2.1.7 introduce new evaluation methods according to the needs;

2.1.8 apply system for appeal of evaluation results.

### 2.2 Interrelation between evaluation and education

Medical educational organization **must** apply principles, methods and practice of evaluation, which include educational achievements of students and evaluation of knowledge, skills, professional values and attitudes, which:

2.2.1 are clearly consistent with education methods, teaching methods and educational outcomes;

2.2.2 stimulate learning;

2.2.3 ensure that students achieve educational outcomes;

2.2.4 maintain proper balance between formative and summative evaluation, in order to manage learning and evaluate academic progress of students.

Medical educational organization **shall**:

2.2.5 adjust number and nature of examinations for different elements of educational program in order to promote acquiring of knowledge and integrated learning;

2.2.6 avoid adverse effect on educational process by excessive amount of information and congestion of educational program;

2.2.7 ensure provision of feedback for students based on evaluation results;

2.2.8 develop principles of evaluation, number of examinations and examination methods according to changes in educational outcomes, and teaching and learning methods.

## STANDARD 3. STUDENTS

### 3.1 Policy for acceptance and selection

Medical educational organization **must**:

3.1.1 define and introduce policy for selection and acceptance of students, based on educational outcomes in secondary school according to Standard rules of acceptance, taking into account other respective academic expertise, other entry examinations, interviews and testing, evaluation of motivation to become bachelor in health care, including changes in needs, associated with variety of professional activities;

3.1.2 own policy and introduce practice of acceptance for students with disabilities in accordance with applicable laws and regulations of a country;

3.1.3 own policy and introduce practice of transfer of students from other programs and medical educational organizations.

Medical educational organization **shall**:

3.1.4 establish relations between selection of students and mission of medical educational organization, educational program and specified quality requirements for graduation;

3.1.5 overview at regular intervals acceptance policy based on respective data from public representatives and specialists in order to meet needs of public health and people in whole;

3.1.6 determine acceptance students in consideration of their sex, ethnic origin and language;

3.1.7 own special policy for acceptance of students from needy families or national minorities;

3.1.8 apply system for appeal of evaluation results.

### 3.2 Acceptance of students

3.2.1 Medical educational organization **must** define number of students acceptable for educational program in accordance with material and technical capability at all stages of education and training.

3.2.2 Medical educational organization **shall** at regular intervals overview number and contingent of students accepted for educational program in the course of consultations with respective interested parties, responsible for planning and development of personnel resources in the health care sector, and adjust them in order to meet needs of health of people and society in whole.

3.2.3 For purposes of continuous improvement medical educational organization **must** implement adaptation of acceptance of students and methods for selection of students with due consideration of variable expectations and conditions, needs in personnel resources, changes in the system of pre-university education and needs of educational program.

### 3.3 Consulting and supporting students

Medical educational organization **must**:

3.3.1 own a system for academic consulting for its students, which includes issues, associated with selection of elective course, planning of professional career, assignment of academic tutors (mentors) for separate students or small groups of

students;

3.3.2 propose a program to support students, designed for social, financial and personal needs, which includes support with reference to social and personal problems and events, health problems and financial issues, availability of medical aid, immunization program and medical insurance, as well as services of financial assistance in the form of material assistance, allowances and credits;

3.3.3 allocate resources to support students;

3.3.4 maintain confidentiality in respect of consulting and support.

3.3.5 Medical educational organization **shall** maintain consulting, based on monitoring of students progress and aimed at social and personal needs of students, including academic assistance, support in personal problems and situations, health problems, financial issues, consulting and planning of professional career.

### **3.4 Representation of students**

3.4.1 Medical educational organization **must** define and introduce policy of representation of students and their proper engagement in development, management and evaluation of educational program and other issues, concerned with students (student self-management, participation of representatives of students in consultative and other respective bodies, in public activity, local projects in health care sector).

3.4.2 Medical educational organization **shall** assist and support students activities and student organizations, including provision of technical and financial assistance for student organizations.

### **3.5 Graduates**

3.5.1 Medical educational organization **must** include system for study of employment, relevancy, career support and continuous professional improvement of graduates.

3.5.2 Medical educational organization **shall use** data, obtained through this system for further improvement of educational program.

## **STANDARD 4. ACADEMIC STAFF/TEACHERS**

### **4.1 Policy for selection and recruitment of personnel**

4.1.1 Medical educational organization **must** define and introduce policy for selection and recruitment of academic staff, taking into account balance of teachers of general, basic biomedical and major disciplines for adequate implementation of educational program.

4.1.2 Medical educational organization **must** define and maintain monitoring of responsibilities of academic staff/teachers of basic biomedical sciences, behavioral and social sciences, hygiene and epidemiology.

In its policy for selection and recruitment of personnel, medical educational organization **shall** take into account criteria, such as:

4.1.3 attitude to own mission, relevancy of local conditions, language and other conditions, concerned with medical educational organization and educational program;

4.1.4 economic capabilities, which take into account institutional conditions

for funding personnel and efficient resource management.

4.1.5 For purposes of continuous improvement, medical educational organization **shall** implement adaptation of policy for selection and formation of academic staff in accordance with variable needs.

#### **4.2 Policy for development and activities of personnel**

Medical educational organization **must** define and introduce policy of activities and development of personnel, which:

4.2.1 allows maintaining balance between teaching, academic and service functions, which includes definition of time for each type of activities, taking into account specific nature of educational program and professional qualifications of teachers;

4.2.2 ensure worthily recognition of academic activities of personnel in form of awards, promotion at work and/or material incentives;

4.2.3 ensures that professional activities and scientific researches are used in teaching and learning;

4.2.4 ensures competence of each employee in educational program, which includes knowledge on methods of teaching/training, general content of educational program and other disciplines and subject areas in order to facilitate cooperation and integration;

4.2.5 includes teaching, development, evaluation and support of activities of whole academic staff/teachers, including those specialists engaged from institutions of sanitary and epidemiological services.

Medical educational organization **shall**:

4.2.6 make allowance for “teacher-student” balance depending on different component of educational program;

4.2.7 develop and introduce policy for promotion of personnel;

4.2.8. establish a system for occupational retraining and/or employee training and education in order to maintain teaching in new informational and educational environment.

### **STANDARD 5. EDUCATIONAL RESOURCES**

#### **5.1 Material and technical resources**

Medical educational organization **must**:

5.1.1 own adequate material and technical resources for teachers and students, which allows maintenance of proper implementation of educational program;

5.1.2 maintain safe environment for employees and students, including provision of necessary information and protection against harmful substances, microorganisms, observance of safety procedures in laboratories and when using equipment.

5.1.3 Medical educational organization **shall** improve education environment for students by regular updating, enhancement and strengthening of material and technical resources, which shall conform with development in teaching practices.

## **5.2 Resources for occupational training**

Medical educational organization **must** provide resources necessary for acquiring by students adequate professional expertise, including adequate:

5.2.1 quantity and categories of bases, which institutions of sanitary and epidemiological services and respective services of medical executive bodies (sanitary and epidemiological and disinfecting stations, medical and preventive treatment institution), research institutions of hygienic, epidemiological and microbiological specialization, centers of formation of healthy lifestyle, educational institutions of medical specialization and other institutions.

5.2.2 Medical educational organization **shall** study and evaluate, adapt and improve resources for professional sanitary and hygienic and antiepidemic training of graduates in order to meet needs of population served.

## **5.3 Information Technology**

5.3.1 Medical educational organization **must** define and introduce a policy, designed for efficient application and evaluation of respective information and communication technology in educational program.

5.3.2. Medical educational organization **shall** provide teachers and students with opportunities for use of information and communication technology:

- for self-tuition;
- access to information;
- work in health care system.

5.3.3 Medical educational organization **must** maintain information support for educational program through free access to library stock and information base of educational, methodological and scientific materials.

5.3.4 Medical educational organization **shall** provide students with access to respective data of information systems in health care sector.

## **5.4 Researches in the field of health care and scientific achievements**

Medical educational organization **must**:

5.4.1 possess research activities in the field of health care and scientific achievements as a base for educational program;

5.4.2 define and introduce policy, promoting interrelation between scientific researches and education;

5.4.3 provide information on research base and priority areas in the field of scientific researches of medical educational organization;

Medical educational organization **shall** ensure that interrelation between scientific researches and education:

5.4.4 are taken into account in teaching process;

5.4.5 facilitate and prepare students for participation in scientific researches in the field of medicine and their development.

## **5.5 Expert evaluation in the field of education**

Medical educational organization **must**

5.5.1 have an access to expert evaluation in the field of education, as necessary, and carry out expert evaluation, which studies processes, practices and issues of medical education and may engage doctors with expertise in conduction of researches in medical education, psychologists and sociologists in the field of

education, which is maintained by department for development of medical education of a university or by engaging experts from other national and international institutions.

Medical educational organization **must** define and introduce policy for application of expert evaluation in the field of education:

5.5.2 in development of educational program

5.5.3 in development of methods of teaching and evaluation of knowledge and skills

Medical educational organization **shall**:

5.5.4 provide evidences of application of internal and external expert evaluation in the field of medical education for capacity building of personnel;

5.5.5 pay due attention to development of expert evaluation in evaluation of education and in researches in medical education as a discipline, which includes study of theoretical, practical and social issues in medical education;

5.5.6 facilitate aspiration and interests of employees for conduction of researches in medical education.

### **5.6 Exchange in the field of education**

Medical educational organization **must** define and introduce a policy for:

5.6.1 cooperation at national and international levels with other medicine universities, schools of public health and faculties;

5.6.2 transfer and exchange of educational credits.

Medical educational organization **shall**:

5.6.3 promote and provide respective resources for regional and international exchange of personnel (academic, administrative and teaching staff) and students;

5.6.4 ensure that exchange is established in accordance with aims of educational program, based on needs of employees and students, in line with ethical principles.

5.7 Within continuous improvement process, medical educational organization **shall** update educational resources in accordance with variable needs, such as, acceptance of students, number and specialization of academic personnel or educational program.

## **STANDARD 6. EVALUATION OF EDUCATIONAL PROGRAM**

### **6.1 Mechanisms for monitoring and evaluation of program**

6.1.1 Medical educational organization **must** own a program concerned with educational program to monitor processes and outcomes, which includes routine collection of data on key aspects of educational program in order to ensure that educational process is implemented in proper manner, and to reveal any areas, which require intervention; in addition, collection of data is a part of administrative procedures concerned with acceptance of students, evaluation of students and completion of training.

Medical educational organization **must** define and apply mechanisms for evaluation of educational program, which:

6.1.2 designed for educational program and its major components, including

a model of educational program, structure, content and duration of educational program, and application of mandatory and elective parts;

6.1.3 aimed at progress of students;

6.1.4 reveal and consider problems, which include insufficient achievement of expected outcomes of education, and will suppose collection of information on outcomes of education, including on identified deficiencies and problems, and will be used as feedback to conduct activities and corrective action plans in order to improve educational program and academic program of disciplines.

Medical educational organization **shall** periodically conduct comprehensive evaluation of educational program, aimed at:

6.1.5 context of educational process, which includes organization and resources, educational environment and culture of medical educational organization;

6.1.6 special components of educational program, which include description of disciplines and teaching and learning methods, clinical rotations and evaluation methods;

6.1.7 common outcomes, which will be measured by results of national examinations and external independent evaluation, benchmarking procedure, international examination, selection of career and results of post-graduate training of graduates;

6.1.8 own social accountability.

## **6.2 Teacher and student feedback**

6.2.1 Medical educational organization **must** systematically collect, analyze and provide teachers and students feedback, which includes information on process and products of educational program, and include information on bad practice or bad behavior of teachers or students with and/or legal consequences.

6.2.2 Medical educational organization **shall** use results of feedback to improve educational program.

## **6.3 Academic achievements of students and graduates**

Medical educational organization **must** conduct **analysis** of academic achievements of students and graduates towards:

6.3.1 mission and outcomes of educational program, which include information on average duration of training, progress marks, frequency of passes and failures at examinations, cases of successful completion or dismissal, reports of students on conditions of training at passed courses, on time, sent for study of fields of interest, including elective components, as well as interviews with students at repeated courses, and interviews with students, leaving education program;

6.3.2 educational programs;

6.3.3. provision of resources.

6.3.4 Medical educational organization **shall** analyze academic achievements of students towards their previous experience and degree of training at time of acceptance.

6.3.5 Medical educational organization **shall** use analysis of academic achievements of students to maintain feedback with structural subdivisions,

responsible for:

- selection of students;
- planning of educational program;
- consulting students.

#### **6.4 Engagement of interested parties**

6.4.1 In its program for monitoring and evaluation of educational program, medical educational organization **must** engage:

- students;
- teaching staff;
- administrative and managerial personnel.

Medical educational organization **shall** for other interested parties (representatives of academic or administrative personnel, members of the public, appropriate authorities on education and health care, professional organizations, as well as persons, responsible for post-graduate study):

6.4.3 provide access to results of evaluation of course and educational program;

6.4.4 collect and study their feedback on:

- educational program;
- professional activities of graduates.

6.5 Medical educational organization **must** implement processes for monitoring and evaluation of educational program for continuous improvement.

### **STANDARD 7. MANAGEMENT AND ADMINISTRATION**

#### **7.1 Administration**

7.1.1 Medical educational organization **must** define managerial structures and functions, including their interrelations with university, if medical educational organization is a part or a branch of a university

Medical educational organization **shall** in its managerial structures define structural subdivisions with specification of responsibilities of each structural subdivisions and include among them:

7.1.2 representative of academic personnel;

7.1.3 students;

7.1.4 other interested parties, including representative of the Ministry of Education and Ministry of Health, health care sector and members of the public.

7.1.5 Medical educational organization **shall** ensure transparency of managerial system and decisions made, which to be published in bulletins, placed on web-site of a university, included into protocols for information and execution.

7.1.6 For purposes of continuous improvement, medical educational organization **must** improve its organizational structure and managerial principles to ensure efficient activity in conditions of variable circumstances and needs, and, in prospect, to meet interests of different groups of interested parties.

#### **7.2 Program management**

7.2.1 Medical educational organization **must** define a structural subdivision responsible for educational programs, which under the control of academic



administration bears responsibility and has authorities for planning and introduction of educational program, including distribution of resources allocated to ensure achievement of outcomes of training.

7.2.2 Medical educational organization **must** maintain representation on the part of teachers and students in consultative body of a structural subdivision, responsible for educational programs.

7.2.3 Through its structural subdivision, responsible for educational programs, medical educational organization **shall** develop and introduce innovations into educational program

7.2.4 Medical educational organization **shall include** representatives of other respective interested parties in a consultative body of a structural subdivision of medical educational institution, responsible for educational programs, which include other members of educational process, graduates of medical educational organizations, specialists in medical care and other representatives, engaged in educational process.

For continuous improvement medical educational organization **shall**:

7.2.5 base updating process on advanced researches and analysis, findings of own study and evaluation and books on medical education;

7.2.6 ensure that process of updating and restructuring leads to overview of own policy and practices according to previous experience, current activities and future prospects.

### **7.3 Connections with sanitary and epidemiological practices and health care sector**

7.3.1 Medical educational organization **must** ensure operative connection between educational program and further stages of professional training (master courses, specialization, and continuous professional development) or practices, to which students will commence upon completion of training

Medical educational organization **shall** ensure that a structural subdivision responsible for educational program:

7.3.2 takes into account peculiarities of conditions, in which graduates will work and accordingly modify its educational program

7.3.3 consider modification of educational program based on feedback with public and society in whole.

7.3.4 Educational program **must** maintain traineeship, stipulated by SMES (practical training, field internship, externship), including organization, content, place, control and supervision of traineeship.

7.3.5 Medical educational organization **shall** provide for traineeship of students at core enterprises, in institutions of health care system or in other organizations.

7.3.6 Medical educational organization **shall** provide for forms of final control of traineeship (grading test) with involvement of representatives of traineeship base.

### **7.4 Academic leadership**

7.4.1 Medical educational organization **must** clearly define responsibilities of academic administration for development and supervision of educational

program

7.4.2 Medical educational organization **shall** periodically conduct evaluation of academic administration towards achievement of its mission and outcomes of training

#### **7.5 Budget for training and allocation of resources**

Medical educational organization **must**

7.5.1 own clear area of responsibility and authorities for provision of educational program with resources, including targeted budget for training,

7.5.2 allocate resources, necessary for implementation of educational program and distribute educational resources according to their needs

7.5.3 System of financing of medical educational organization shall be based on principles of efficiency, effectiveness, priority, transparency, accountability, differentiation and independence of all levels of budgets

Medical educational organization **следует:**

7.5.4 maintain adequate autonomy in distribution of resources, including worthily remuneration of teachers in order of achievement of training outcomes;

7.5.6 when distributing resources, take into account scientific achievements in the field of medicine and health problems of public and its needs.

#### **7.6 Administrative staff and management**

Medical educational organization **must** own adequate administrative and academic staff, including their size and content in accordance with qualification, in order to:

7.6.1 maintain introduction of educational program and respective types of activities;

7.6.2 ensure proper management and distribution of resources.

Medical educational organization **shall** develop and introduce internal program for management quality assurance, including consideration of needs for improvement, and perform regular overview and analysis of management.

#### **7.7 Interaction with health care sector**

7.7.1 Medical educational organization **must** own structural interaction with the health care sector, with allied sectors of public health and the government, including exchange of information, cooperation and initiatives of organization, which facilitate provision of qualified doctors in accordance with public needs

7.7.2 Medical educational organization **shall** grant the official status to cooperation with partners in health care sector, which includes conclusion of official agreements with definition of content and forms of cooperation and/or conclusion of joint contract and establishment of coordination committee, and conduction of joint activities

7.8 Being a dynamic and sustainable institution, medical educational organization **must** initiate procedures for regular overview and revision of a structure and functions, and resources for continuous improvement.

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